

~~AMENDMENT SPECIFIC~~
MULTIPLE DEPENDENT CLAIM
FEE CALCULAT~~E~~ IN SHEET
(FOR USE WITH) M PTO-875)

SERIAL NO.	09/869869	FILING DATE
APPLICANT(S)		

CLAIMS

CLAIM NUMBER	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	32	→	→	→		
TOTAL CLAIMS	33					

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IND.	DEP.	IND.	DEP.	IND.
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TOTAL IND.				
TOTAL DEP.		→	→	→
TOTAL CLAIMS				